2: Hickinbotham G-4, 5 (ca. 1931-ca. 1957)
1958 MM1 Aden MM1

a few years ago there came into being the Protectorate Health Service which owes much to Dr. N.L. Corkill, M.M., M.S.M., M.D., who came with me to Al Qara. Health Units have been built on standardised lines in all the States where they did not previously exist; and from money contributed by the Fadli and Lower Yafa States, a hospital has been built on the boundary between these two States in a central, though rather windswept, position reasonably easy of access to the people of the Abiyan plain. In Mukalla there is another hospital and up in the Wadi Hadhramaut are two small hospitals at Shibam and Saiyun.

The Health Assistants are trained in simple medicine and hygiene at the Fadli-Yafa hospital or in Mukalla and then go to one of the Health Units where, not only do they attend to surgery patients, but also tour the neighbouring villages and are responsible for reporting any outbreak of an infectious disease that may come to their notice to their headquarters in Aden or Mukalla, depending on which part of the Protectorate they are serving.

Anti-malarial measures and Public Health work are also the responsibility of the Health Service and the decrease in the incidence of malaria and other mosquito and fly-borne diseases since the inception of the Service, is remarkable. At the same time and within the limits imposed by inadequate staff, attention is being paid to the general health of school children with particular emphasis on diseases of the eye. With adequate funds and personnel it would be possible if not to eliminate completely so to reduce trachoma that impaired vision and blindness from this cause would be a rarity rather than, as it still is today, all too common.

Today, as in the past, the Royal Air Force is always ready to fly Medical Officers into the Protectorate to deal with casualties in inter-tribal scrimmages or to attend to the desperately ill who are beyond the reach or the capacity of the Health Assistants, and there are many tribesmen and women who owe their lives to the Royal Air Force. Stretcher cases from the remotest areas are flown to hospital in Aden and no call for help is ever unanswered because the sender was too humble or

3:Gt. Brit., Colonial Office G-3 (1938) 1940 MM1 Aden MM1

III.—POPULATION

161 According to the census of 1931, the total (civilian) population of the Aden Settlement was 45,992. This excludes the military forces and the population of Perim.

162 The following table shows the population distribution by race and sex:—

No.	Race.	Sex.	
		Males.	Females.
1.	Arabs	18,388	10,341
2.	Indians (Moslems)	2,829	2,393
3.	Somalis	2,070	2,107
4.	Indians (Hindus)	1,992	622
5.	Jews	2,114	2,006
6.	Parsis	236	96
7.	Native Christians	339	207
8.	Europeans	213	39
	Total	28,181	17,811

The marked disproportion between the numbers of males and females is due to the fact that most of the Arabs of the trade and labouring class from the interior come to Aden without their women-folk.

IV.—HEALTH

743 759 The staff of the Medical Department in Aden consists of the Senior Medical Officer, a Civil Surgeon, two Resident Medical Officers and eight Assistant Medical Officers. There is a fully-qualified Lady Doctor attached to the Civil Hospital in Crater. The Senior Medical Officer is also Port Health Officer and has charge of the European General Hospital. There is also a Medical Officer of Health with an adequate subordinate staff.

743 667 741 The two Government hospitals are the European General Hospital at Steamer Point and the Civil Hospital in Crater. The nursing staff of these institutions is maintained from funds provided by the Government of the Colony and the Prince of Wales's Aden Nursing Association in approximately equal proportions. The Prince of Wales's Aden Nursing Association is a charitable organization with invested funds raised originally by voluntary subscription, and the Association issues appeals to the public from time to time to supplement the amount of money available from interest on its investments.

743 759 Two dispensaries in charge of Assistant Medical Officers at Maala and Sheikh Othman respectively cater for the minor ailments of the local population in these districts, and serve as clearing stations

3:Gt. Brit., Colonial Office G-3 (1938) 1940 MM1 Aden MM1

for the more serious cases which are transferred to the Civil Hospital. One Assistant Medical Officer is stationed on Perim Island where there is a small dispensary, with limited accommodation for in-patients.

The Keith Falconer South Arabia Mission has a large and well equipped hospital at Sheikh Othman staffed normally by two European doctors and a European nursing staff. Other charitable institutions are two dispensaries, one maintained by public subscription with a Government subsidy and the other supported entirely by the prominent Parsi firm of Messrs. Cowasjee Dinshaw & Brothers.

The Royal Air Force hospital meets the medical requirements of the British Forces in Aden.

There are several dentists practising in the Colony, and the Royal Air Force has a fully qualified dentist, who is permitted private practice.

A total of 19,141 out-patients, and 2,366 in-patients received treatment during the year 1938 in the two Government hospitals, and, excluding the Royal Air Force hospital, but including other hospitals and dispensaries, a total of 67,694 out-patients and 3,872 in-patients were treated in the Colony during the year 1938 as compared with 60,069 and 3,206 in 1937.

The general health of Aden has remained satisfactory throughout the year. Many of the insect-borne diseases commonly found in tropical and subtropical countries are absent and, although a mild intestinal infection is very common, serious diseases such as typhoid fever and dysentery are rare. 1,292 cases of malaria were treated in the hospitals. From the investigation of the histories of these it was proved that all except 11 were due to infection acquired outside the Colony: all these cases were among service personnel resident in the leased military areas. The 12 cases of typhoid reported during the year show an increase on previous years, which is probably due to increased care taken in confirming the diagnosis of prolonged fevers. Minor outbreaks never assumed epidemic proportions, and in all cases water and milk supplies were examined and cleared from suspicion.

There is a leprosy hospital at Sheikh Othman supported partly by the Government of Aden and partly by Aden Settlement funds and administered medically by the staff of the Keith Falconer South Arabia Mission. Here again the Colony of Aden acts as the kind sister to her neighbours, as almost all the patients hail from the interior.

There has been no epidemic of major infectious or contagious diseases during the year. Chickenpox, measles and mumps crop up from time to time and are treated in the Infectious Diseases Hospital on Maala plain.

Brit., Colonial Office G-3 (1937) 1939 MM1 Aden MM1

The two Government hospitals are the European General at Steamer Point and the Civil Hospital in Crater. The nursing staff of these institutions is provided for from funds made available by the Government of the Colony and the Prince of Wales's Aden Nursing Association in the proportion of approximately half and half. The Prince of Wales's Aden Nursing Association is a charitable organization with invested funds raised originally by voluntary subscription, and the Association issue appeals to the public from time to time to supplement the amount of money available from interest on their investments. Two dispensaries in charge of Assistant Medical Officers at Maala and Sheikh Othman respectively cater for the minor ailments of the local population in these districts and serve as clearing stations for the more serious cases which are transferred to the Civil Hospital. One Assistant Medical Officer is stationed on Perim island, where there is a small dispensary with limited accommodation for in-patients. 743

The Keith Falconer South Arabia Mission have a large and well-equipped hospital at Sheikh Othman staffed normally by two European doctors and a European nursing staff, and other charitable institutions are two dispensaries, one maintained by public subscription with a Government subsidy and the other supported entirely by Messrs. Cowasjee Dinshaw and Brothers.

The Royal Air Force hospital meets the medical requirements of the British forces in Aden.

There are several dentists practising in the Colony, and the Royal Air Force have a fully-qualified dentist, who is permitted private practice. 759

A total of 16,636 out-patients and 2,213 in-patients received treatment during 1937 in the two Government hospitals, and excluding the Royal Air Force hospital, but including the other hospitals and dispensaries, a grand total of 60,069 out-patients and 3,206 in-patients were treated in the Colony. 743

The general health of Aden has remained satisfactory throughout the year. There is a pleasing absence of the many insect-borne diseases commonly found in tropical and sub-tropical countries, and although a mild intestinal infection is very common, the more serious disease, such as typhoid fever and the dysenteries are gratifyingly rare. A number of cases of malaria appear in the returns, but all of these are imported from the Protectorate or other places outside the Colony, not one single case having been contracted locally. 164

There is a leprosy hospital at Sheikh Othman, partly supported by the Government of Aden and partly by the Aden Settlement funds and administered medically by the staff of the Keith Falconer South Arabia Mission. Here again the Colony of Aden acts as the kind sister of her neighbours, since the great majority of the patients hail from the interior. 743

There has been no epidemic of the major infectious or contagious diseases during the year. Chickenpox, measles and 164 743

5; Gt. Brit., Colonial Office G-3 (1947) 1949 MM1 Aden MM1

cultics in providing buildings and staff necessarily limited the rate of expansion. One of the main features of educational development during the year was the successful conversion of buildings to house the expanded Government Secondary School. The release of classrooms previously used by the Secondary School enabled the Primary School to take in a greater number of pupils. Another satisfactory development during the year was the institution of a teacher-training course at the Government Girls' School, Crater. The lack of local teacher-training facilities for male teachers was met by sending abroad a number of students to obtain higher qualificatons in the teaching profession.

The year in general was a period of consolidation, but progress was made in all Government schools. This progress was also reflected in some of the grant-aided schools. In particular, the Gujerati School Committee were granted a site for their new school and plans for this were begun. The cost of the building and the recurrent expenditure will be subsidised in part by Government.

Medical and Health Department

The accommodation at the Civil Hospital was filled to capacity throughout the year.

The new appointment of an officer with specialist experience in venereal and skin diseases has proved most beneficial to the community.

Besides a marked improvement in the treatment of social diseases, the cure of ulcer cases—hitherto a difficult matter—received special attention, with the result that the overcrowded ulcer ward with its heavy quota of apparently incurable cases is now a thing of the past.

The treatment of pulmonary tuberculosis continued to yield excellent results. Lack of hospital accommodation has been overcome, in part, by the institution of domiciliary treatment.

The granting of facilities for post-graduate study has already proved its worth. One Senior Assistant Medical Officer was made a Fellow of the Royal College of Surgeons of Edinburgh and another obtained the Diploma in Tropical Medicine of Calcutta, coming second in the list of candidates.

The increase in the work of the Maternity and Child Welfare Clinic shows that it meets, as far as it can, a vital community need. A reduction in the distressingly large numbers of infants who die before reaching the age of 12 months must be the main object of the Clinic's activities. The next most important point is the raising of the standard of midwifery. A course of instruction, followed by an examination, was instituted for local midwives.

Public health measures continued to be vigorously applied. No case of serious communicable disease occurred during the year.

A heavy burden was laid upon the Port Health Staff by the outbreak of cholera in Egypt. All possible precautions were taken to prevent the entry of cholera here and the staff undertook much additional work.

The installation of the electro-therapeutic apparatus at Steamer Point was an important addition to the facilities for treatment, and the Colony

5:Gt. Brit., Colonial Office G-3 (1947) 1949 MM1 Aden MM1

was fortunate to have a medical officer with special knowledge of this branch of medicine.

Lack of replacements and absence of officers on leave threw increased responsibilities and work on the remainder of the Medical and Health Staff.

Welfare

The Welfare Officer for whom provision appeared in the Estimates was not appointed, but a locally born Assistant Welfare Officer was appointed after spending two years in the United Kingdom studying social welfare.

Details of activities of other Government Departments will be found in Part II of this Report under appropriate chapters.

PRISONS

Until the riots broke out in early December there had been a welcome decrease in the prison population. This had amounted to 24 per cent. during the first 10 months of the year, in comparison with the corresponding period in 1946.

At the beginning of the year the installation of an improved system of sanitation throughout the prison, which was begun in 1946, was completed. Increased facilities for the segregation of prisoners were provided, and substantial repairs and alterations to many of the prison buildings effected. The kitchen was remodelled and enlarged.

Throughout the year the health of the prisoners was satisfactory, and discipline well maintained.

ELECTRICITY DEPARTMENT

Two generating sets were completely overhauled by a Metro-Vickers erection engineer.

New sub-stations were erected at Ras Boradli, Maidan Crater, and Maalla.

Shortage of materials prevented any large-scale changeover from overhead to underground cables, but the Maalla area was cleared of overhead high-tension lines to release ground for building purposes.

Further details will be found in Part II.

COMMUNICATIONS

Civil Aviation

During the year the Crown Counsel, because of his personal qualifications, was appointed Director of Civil Aviation in addition to his normal duties.

Negotiations with the Royal Air Force to obtain joint-user rights at Khormaksar resulted in successful agreement. A separate civil enclave will be built at Khormaksar to the east of the Sheikh Othman road, just south of the main east-west runway.

During 1947 temporary licences were granted to Ethiopian Airlines,

5:Gt. Brit., Colonial Office G-3 (1947) 1949 MM1 Aden MM1

take shape. The appointment of an Assistant Medical Officer with special knowledge of venereal and skin diseases was a definite step forward in the campaign against social diseases. It has now been possible to organise better treatment for both in-patient and out-patient venereal-disease cases at the Civil Hospital.

In addition, systematic treatment of tropical ulcers was started, with the result that the hitherto overcrowded ulcer ward was markedly improved owing to the reduction in the time needed to effect a cure.

The Civil Hospital staff was strengthened by the appointments of a Medical Officer with laboratory experience, a Surgical Specialist, and a Radiologist.

The installation of a new X-ray plant, the construction of a much-enlarged laboratory, the erection of a new 44-bed ward for pulmonary tuberculosis and an additional operating theatre were all completed during the year.

With the exception of pulmonary tuberculosis, all the principal causes of death showed a general decrease, though the death-rate exceeded that of 1946. This was due to the deaths during the civil disturbances.

The number of deaths from pulmonary tuberculosis rose from 191 in 1946 to 241. The reason for this was more accurate diagnosis due largely to increased X-ray examinations. Over 1,000 such examinations were made during the year, compared with an annual average of 20 to 30 before 1945.

As a result of the disturbances in December no cases could be accommodated in the new tuberculosis ward, which had to be used for emergency purposes. A severe shortage of beds led to the institution of domiciliary treatment and the monthly average of cases visited in their homes was between 50 and 60. Apart from the fact that a surprisingly large proportion of cases showed improvement, this extension of anti-tuberculosis activities was of public health importance as it was possible to teach simple hygiene in the homes.

The civil disturbances in December threw a tremendous burden upon the staff and resources of the Civil Hospital. The fact that the administration successfully stood the test of the sudden admission of scores of severely wounded cases reflected great credit on the staff, particularly upon the locally trained members who rendered loyal and efficient service.

Attendance at the Maternity and Child Welfare Clinic continued to increase and there is no doubt that the instruction given at the various out-patient clinics is beginning to have an important effect on a community which has been, until quite recently, completely ignorant of the principles of mothercraft.

During the last quarter of the year, the outbreak of cholera in Egypt caused a big increase in the work of the Port Health staff. Not only had strict supervision to be exercised over all entrants from infected ports but a large number of in-transit passengers and crews had to have anti-cholera inoculations before proceeding to Egyptian ports. No case of cholera, or of any of the other quarantinable diseases, occurred.

6:Gt. Brit., Colonial Office G-3 (1948) 1950 MM1 Aden MM1

Aden Colony also includes Perim Island which is administered by an Administrator who is also the Commissioner of Police, Aden. The population of the island is 381. The majority of the islanders are fishermen, and dried fish is exported to Aden. In the past there has been pearl fishing, but this year no pearl fishing contract was taken.

There is a small Police detachment in the island together with medical staff and lighthouse staff.

There is no natural water supply on the island; sea-water distilling plant provides sufficient water for the supply of the population and for the occasional ship which comes in for emergency water supplies.

Up to the end of 1948 Cable & Wireless Ltd. maintained communication by marine cable. The cable became unserviceable in 1948, and it was decided not to repair it. It is likely that communication will soon be established by wireless. A R.A.F. airplane makes a flight to the island once weekly and carries mail and passengers from Aden.

The Governor of the Colony is also Governor of the Aden Protectorate, which is not administered by the Colony Government. In each of the Western and Eastern Protectorates the Governor is represented by a British Agent, who deals with the various Rulers and Treaty Chiefs on the basis of treaties concluded with them.

There is no one Government for the Aden Protectorate; various Rulers and Chiefs are in protective treaty relations with His Majesty's Government. The Protectorate includes the island of Socotra.

The administration of justice within the Colony is entrusted to the Supreme Court, a Court of Small Causes for certain specified civil cases and Magistrates' Courts for criminal cases. The law of the Protectorate is largely tribal custom, but in certain chiefdoms the Shari'a code of Moslem law is recognised, especially in the Qu'aiti State of Shihr and Mukalla (ruled by His Highness Sultan Sir Salih bin Ghalib al Qu'aiti, K.C.M.G.), which State legislates by published decrees.

During 1948 the local government of the Colony remained vested in two Township Authorities. The larger is known as the Fortress Township Authority and the area covered by it embraces the Isthmus and Peninsula with a civilian population of close on 60,000. The Military and the R.A.F. establishments are within this area. The other Authority is known as Sheikh Othman Township Authority and takes its name from the built up township of 21,000 persons, all non-Europeans, situated some four miles from the Isthmus. The area governed by it includes this township and the remainder of the Colony in which are to be found four small coastal villages the inhabitants of which earn their livelihood mainly by fishing, basket making and lime burning, using shells collected on the sea shore for this last purpose, and who look on the built up area of Sheikh Othman as their main shopping centre and the place in which they find their simple means of recreation. The total population of these villages is approximately 2,000.

The Township Authorities hold fortnightly meetings in the exercise of their functions of superintending various services of municipal character, such as control of markets, maintenance of public health and sanitary

6:Gt. Brit. . Colonial Office G-3 (1948) 1950 MM1 Aden M M1

743 X-ray examinations were performed. In previous years the annual figures for such work were in the neighbourhood of 500.

The encouraging aspect of the Civil Hospital's activities was the marked rise in female out-patient attendances, 7,447 as compared with 5,573 in 1947.

•[759] The creation of the temporary post of Sister-Tutor resulted in regular training courses for the subordinate nursing staff.

The opening of a new temporary ward for male T.B. patients has increased the number of male beds from 21 to 55.

Communicable Diseases

164 *Smallpox.* There were two imported cases landed from ships. No
744 case of the other Convention diseases occurred.

Malaria. There was a sharp rise in the number of cases reported from the outlying town of Sheikh Othman. In view of this a combined search by the staff of the Public Health Department, of No. 7 R.A.F. Hospital and of the Keith Falconer Mission Hospital was instituted in that area. No evidence at all was found of anopheline breeding and it was obvious that the infection had been contracted, at any rate in the great majority of cases, outside the boundaries of the Colony.

Venereal Diseases. There was a considerable increase in the notification figures for 1948 following a drive to ensure that medical practitioners notified cases as required by the Venereal Diseases Amendment Ordinance, 1947.

The subvention to the Keith Falconer Mission Hospital for its Venereal Disease Treatment Centre was increased from £225 to £750 in order to assist the campaign against venereal disease.

A gratifying aspect of the work of the Venereal Diseases Officer was the large decrease in the number of defaulters, particularly in respect of syphilis. Hitherto the defaulting rate has been over 50 per cent. The figures for the Venereal Disease Treatment Centre in 1948 are:

	Number treated	*Number cured (clinically)*	*Defaulters*
Syphilis	1,992	1,957	35
Gonorrhoea	1,126	1,007	119
Chancroid	206	206	—
Other V.D. including Granuloma Inguinale	177	174	3

Dysentery and Typhoid. Figures for dysentery are not yet available but no untoward outbreak has occurred. The returns for typhoid and paratyphoid showed 15 cases notified, exactly the same figures as in 1947. Whereas in 1947 in seven of these cases the infection was contracted, as far as could be ascertained, in Aden, during 1948 only one case was of local origin, the remaining 14 cases were from outside the Colony.

744 *Pulmonary Tuberculosis.* The year has been marked by considerable
743 progress in the anti-tuberculosis campaign due to the full-time services

6:Gt. Brit., Colonial Office G-3 (1948) 1950 MM1 Aden M M1

Training

759 This year has seen a considerable extension of facilities for training. One Senior Assistant Medical Officer was absent on study leave for the greater part of the year to take a post-graduate course. He has since obtained the F.R.F.P.S. (Glasgow). One Arab student proceeded to Birmingham University to take a medical course. Two hospital assistants were sent to the United Kingdom for three years' training as male nurses.

One hospital assistant was enrolled at a London hospital for one year's training as laboratory technician.

One Sanitary Inspector proceeded to Bombay to take a six-month course of training prior to examination for the Sanitary Inspector's Certificate of the Royal Sanitary Institute.

161 *Vital Statistics*: 1948

163 Population—1946 Census	82,359
Births	2,192
165 Birth-rate	26·61 per thousand
Deaths	1,360 (338 non-residents)
Death-rate	20·62 per thousand
Deaths under one year of age	385
Infant Mortality Rate	171·18 per thousand
Still-births	125

HOUSING

342 There are four types of housing in the Colony:

362 (*a*) Well-built bungalows or two-storeyed houses of European design, owned by Government or commercial firms and occupied chiefly by Government officials and the European mercantile community.

(*b*) Well-built multi-storeyed stone in lime-mortar structures, owned by the wealthier type of merchant, most of which are owner-occupied.

(*c*) Single and two-storeyed buildings constructed of rubble stone jointed with mud (clay) mortar. Quite a number of these are also owner-occupied.

(*d*) Single-storeyed "mud brick" buildings. These are situated mostly in Sheikh Othman and many are owner-occupied.

All four types have flat timber roofs covered with lime concrete or rammed clay. Pitched roofs are rare, as the average annual rainfall is less than 2 inches, and the roofs are used for sleeping purposes during the hot season.

There is a fifth type constructed of reeds, palm leaves, branches of trees, corrugated iron, and known as *kutcha* dwellings. (*Kutcha* is a Hindustani word meaning "of poor construction".)

362 A slum clearance and rehousing scheme, whereby these *kutcha* huts were to be replaced gradually by mud-brick dwellings with proper sani-

7: Gt. Brit., Colonial Office G-3 (1949-50) 1951 MM1 Aden mm1

On an estimated basis of 100,000 population the death rate for 1949 was 16·58 per 1,000, but of the 1,658 deaths 376 occurred among immigrants, as Aden receives many sick from adjoining territories where no health services exist. 165

The Civil Hospital is the only well-equipped hospital in a large area and among both out-patients and in-patients an analysis of attendances shows that 60 per cent of those seeking treatment come from outside the Colony, the major portion being alien Yemenis who have no claim either by residence or by nationality on the social services of Aden. Their only claim is on the score of humanity, a plea which is difficult to resist for many of them have dragged themselves along for distances varying from 150 to as much as 500 miles to obtain care and attention in Aden. 743 167

The various departments of the Civil Hospital showed evidence of increased activity. On the surgical side major operations exceeded 1,000, the average for previous years having been between 400 and 500. 743

Operations for diseases peculiar to women were performed by a woman medical officer. This was the first time that the services of a skilled woman surgeon were available and this innovation was particularly welcome in a territory where Muslim tradition precludes a number of women from seeking surgical treatment at the hands of male doctors. [759]

Other improvements included the establishment of a physiotherapy department and the purchase of a wide range of modern equipment for the eye department.

The opening of another ward for pulmonary tuberculosis resulted in one-third of the beds in the Civil Hospital being allocated for the treatment of this disease. The T.B. Ward at Sheikh Othman was abandoned. Plans for another ward for female T.B. patients, the gift of the Aden Society for the Prevention of Tuberculosis, were approved and its construction was begun.

During this two-year period about 42,000 Yemenite Jews passed through the transit camp on their way to Israel. While the bulk of the camp staff were recruited from Israel, the responsibility for camp sanitation and for providing specialist medical and surgical services fell on the Medical Department. 744 167

Communicable Diseases

Smallpox. Despite the importation of a number of smallpox cases and the occurrence of a smallpox epidemic in the neighbouring port of Mukalla, the disease did not spread. 164

There were two imported cases of typhus, one by sea and one by land.

Venereal Diseases. The campaign against the social diseases made steady progress while the marked reduction in the number of defaulters reported in 1948 was well maintained.

Dysentery and typhoid. The incidence of dysentery, both bacillary and amoebic but particularly the latter, showed a marked falling-off.

The rapidly growing demand for in-patient and out-patient care at the Clinic has created a situation which can only be met by providing increased accommodation and staff. Plans to meet these needs are under consideration.

Training

One Senior Assistant Medical Officer obtained the Diploma in Ophthalmic Medicine and Surgery (London); one attended a six months' refresher course at Edinburgh on skin and venereal diseases; and a third proceeded to Glasgow to study for a diploma in radiology.

One female and one male nurse went to the United Kingdom for training. This was the first time an Arabian female nurse had been sent from Aden for training. The total number of nurses now training in British hospitals is four males and one female.

In addition two Arab males were awarded scholarships in medicine and both are studying in the United Kingdom.

VITAL STATISTICS; 1949

Population (estimated) ..	100,000
Births	2,553
Birth-rate	25·53 per thousand
Deaths	1,658 (376 non-residents included)
Death-rate	16·58 per thousand
Deaths under one year of age	413
Infant Mortality Rate (excluding imported cases) ..	158·63 per thousand live births
Still-birth rate	54 per thousand total births

Throughout the period, the Principal Medical Officer, British Forces, and his staff have rendered most valuable assistance in dealing with medical and health problems and this generous and friendly co-operation has been greatly appreciated; and without the skilled assistance of the medical staff of the Keith Falconer Mission Hospital and the Charitable Dispensaries the department would have found it impossible to meet all the demands made upon it.

HOUSING

There are four types of housing in the Colony:

(*a*) Well built bungalows or two-storied houses of European design, owned by Government or commercial firms, and occupied chiefly by Government officials and the European mercantile community.

(*b*) Well built multi-storied stone in lime mortar structures, owned by the wealthier type of merchant, most of which are owner-occupied.

G. Gt. Brit., Colonial Office G-3 (1951-52)1954 MM1 Aden MM1

Medical and Public Health Department

647 The Medical Department is divided into three sections under the 743 control of a Director. The three sections include a Medical Division, 744 Public Health Division and Port Health Division.

The Medical Division is responsible for the curative side and comprises a large hospital of 350 beds and three smaller dispensaries for the treatment of out-patients.

The Public Health Division is responsible principally for environmental hygiene and sanitation. In a more specialised field greater attention is being paid to tuberculosis. It is intended in the future to lay more emphasis on the prevention of tuberculosis and towards this end one of the first priorities is the recruitment of a whole-time tuberculosis officer.

Preliminary plans have been produced for the construction of a new hospital.

• 759 The following medical staff were in the Colony at the end of 1952 :

	Government	*Mission*	*Companies*	*Private Practice*
Director of Medical Services	1			
Medical Superintendent	1			
Medical Superintendent, Clinic	1			
Surgical Specialist	1			
Medical Officers	9	3	3	11
Assistant Medical Officers	9			
Lady Assistant Medical Officers	2			
Matron	1			
Nursing Sisters	15	2		
Dental Officer (part time)	1			
Assistant Dental Officer	1			
Nursing Orderlies	148			

Expenditure

652 Central Government capital expenditure during 1951 was estimated at £13,000 and recurrent expenditure on the whole Medical Department was estimated at £155,000.

HOUSING AND TOWN PLANNING

[161] 362 Because the population is continually increasing, there is still a serious housing shortage and it is estimated that there are 25,000 squatters' huts in the Colony. Delay over the preparation of town planning schemes held up housing development, which is now getting under way. Outline town plans for most of the areas of the Colony are almost complete.

Government has already built 524 working-class houses at Sheikh Othman, with the assistance of a 33⅓ per cent grant from Colonial Development and Welfare funds. A further 240 houses are planned for the next two years. Several of the large employers of labour have embarked on extensive housing schemes for their staff.

8:Gt. Brit., Colonial Office G-3 (1951-52)1954 MM1 Aden M MI

respect of injury to third parties. This legislation is similar to that which has existed in the United Kingdom for many years. 494

The Medical Practitioners (Amendment) Ordinance (No. 8 of 1952), which made it an offence for a person to practice medicine in the Colony unless registered under the Ordinance. It has also deleted the provision under which the practice of native systems was permitted, since treatment by qualified practitioners is now available in the Colony. 759

The Ordinance also made provision for the control of the sale and publication of advertisements of cures. [278]

The Distribution of German Enemy Property Ordinance (No. 9 of 1952), which was based on the Distribution of German Enemy Property Act, 1949, of the United Kingdom, and which made local provision for the collection, realisation and distribution of property in the Colony which belonged to German owners on 3rd September, 1939. It provided that creditors in the Colony should have a first charge on such assets in Aden. 648 425

The Prevention of Cruelty to Animals (Amendment) Ordinance (No. 12 of 1952), which prohibited the carriage or conveyance of animals in such a manner as to cause them unnecessary suffering. It also enabled rules to be made to regulate the conditions under which animals should be carried by sea. 231

The Press and Registration of Books (Amendment) Ordinance (No. 14 of 1952), which made it obligatory for persons publishing newspapers to give security for any damages which a court may award against them in a libel suit. It also provided for the correction of articles and other reports in local newspapers which contain factual statements which either are false or distorted. 204

The Port Ordinance (No. 15 of 1952), which amended and consolidated the law relating to the Port of Aden and matters ancillary thereto. It replaced the Indian Ports Act, 1908, and also the Indian Lighthouse Act, 1927. 505

The Port Trust (Amendment) Ordinance (No. 16 of 1952), which authorised the Trustees of the Port of Aden to raise money by way of loans or temporary borrowing in order to carry out the duties imposed upon them under the principal Ordinance. It also gave statutory recognition to the practice that all port dues, fees and charges should be credited to the Trustees.

The Workmen's Compensation (Amendment) Ordinance (No. 17 of 1952), which brought within the scope of the principal Ordinance locally engaged civilian staff of departments of Her Majesty's Government in the United Kingdom. In Aden this virtually means local civilians employed by Her Majesty's Forces. 464 465

It also increased the minimum payment of compensation, in the case of injury to a workman resulting in permanent total incapacity, from *Shs.*1,050 to *Shs.*1,500 and the maximum from *Shs.*15,000 to *Shs.*18,000 which latter amount represents 24 months' earnings of a workman whose monthly earnings do not exceed *Shs.*750.

This Ordinance has not yet been brought into force.

The Government Guards (Amendment) Ordinance (No. 18 of 1952), 703
which provided mainly for the better enforcement of discipline in the Force

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sistant program in breaking down the prejudices of the Arab community. In 1930, a venereal disease treatment center functioned in the Civil Hospital, and a second center at the mission hospital was subsidized by the government. In that year, small dispensaries were conducted in Aden by the Sudan Interior Mission and the Danish Church Mission, and two clinics were operated by private physicians.

Two small hospitals, with a combined total of 40 beds, were located at Mukalla and Ash Shihr, in Eastern Aden Protectorate, in 1950. A child welfare center was organized in Mukalla, while 15 dispensaries were active in scattered towns in the coastal region and the Hadhramaut. Eighteen dispensaries were in operation in different parts of Western Aden Protectorate.

Laboratories. The principal medical laboratory is that of the Civil Hospital at Crater, in Aden township. It is equipped for the performance of clinical, serologic and microscopic examinations. Clinical laboratory facilities are also available at the mission hospital.

Schools. There are no schools for the training of medical personnel, but government scholarships are provided for professional study and for postgraduate work at schools in the eastern Mediterranean countries or in the United Kingdom.

In 1948, a course designed to improve the standards in midwifery was started at the Maternity and Child Welfare Clinic at Crater. Practical training in nursing is given to men and to a limited number of girls at the Civil Hospital. The Keith Falconer Mission Hospital undertakes the training of medical assistants for work in the dispensaries in Western Aden Protectorate.

Personnel

Physicians. The number of civilian physicians practicing in the Colony totaled 26 in 1950. Nine medical officers and 13 assistant medical officers were affiliated with the Medical and Health Department of the

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Colonial government. Five physicians were working in the eastern protectorate; one in the western.

Dentists. In 1950, there were 3 dentists in Aden, one of whom was employed on the government's school health program.

DISEASES

The statistics compiled from the reports of cases of illness and death in the Colony are apt to give an erroneous impression of the health status of the local inhabitants, since a considerable proportion of the cases treated in hospitals and dispensaries are immigrants from Yemen or the Protectorate. Large numbers enter the Colony each year as transient laborers or traders, while others seek medical attention which is nonexistent in their home communities. The majority are undernourished and live in miserable, crowded quarters under conditions which facilitate the spread of infection. Morbidity and fatality rates in the immigrant population are abnormally high, and affect adversely the health statistics of the Colony as a whole. In the absence of adequate laboratory facilities, the diagnosis of many diseases is necessarily provisional, and the differentiation of various types of infection is seldom made. Moreover, from 10 to 15 per cent of the deaths are usually recorded under the heading "other fevers."

The health facilities in the Protectorate are of recent origin, and although dispensaries have been established in increasing numbers within the last two decades, they are elementary and serve only a small fraction of the population. The meager information derived from the reports of a few medical observers who have toured sections of the interior and from records of admissions to the hospitals in Aden permits scarcely more than rough generalizations as to the prevalence and the distribution of specific diseases among the peoples of the Protectorate. The diseases of primary concern in this area are malaria, tuberculosis, dysentery and eye and skin infections, all